Rs. 16 crores in 1984. However, due to various factors including the issue of funding, the project could not be implemented till date. Keeping in view, the high percentage of accident victims in Delhi, a project for setting up a Trauma Centre in Delhi has been posed in October, 1996 to the Department of Economic Affairs for possible Japanese assistance.

(c) and (d) 14.34 acres of land at New Delhi was handed over to AIIMS in December, 1992 for construction of Trauma Centre. This land is presently free from any encumberances and is in the possession of AIIMS.

Committee of Drug Experts to Identify Drugs Banned Earlier

1120. SHRI AKHILESH DAS : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have set up a Committee of Drug Experts to identify such drugs as were banned earlier;

(b) by when the report is expected to be received by Government;

(c) whether Government are proposing to ban more drugs; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) No, Sir.

(b) Does not arise.

(c) and (d) Drugs moving in the market are banned by the Government under the provision of Section 26 A of Drugs and Cosmetics Act. Such ban is imposed on the recommendations of the Expert Committee of the Drug Consultative Committee for weeding out irrational and harmful drugs and the Drugs Technical Advisory Board. So far, 56 categories of drugs have been banned by the Government.

Reform Process in Family Welfare Programme

1121. SHRI AKHILESH DAS : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Central Government have initiated a reform process in its family welfare programme following the consensus at the 1994 Cairo International Conference on Population and Development;

(b) if so, the important features of the programme;

(c) whether European Commission (EC) has decided to give a grant of Rs. 900 crores to improve the new National Family welfare sector; and

(d) the details in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) and (b) The system of setting contraceptive targets from the top has been replaced by decentralised planning of services at the Primary Health Centre level. The focus of the programme is now improvement in quality of services which will lead to long term beneficial impact.

(c) and (d) European Commission (EC) has agreed to commit assistance to the tune of 200 million ECU (about Rs. 900 crores) for a period of 5 years. The assistance will be a sector support and not tied to a specific project.

Health Projects Taken up in Bihar with the Assistance of the World Bank

1122. SHRI JANARDAN YADAV: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the names of the health projects taken up in Bihar with the assistance of the World Bank; the details thereof;

(b) the extent to which each of the said projects have been successful; and

(c) what specific steps are being taken by the Government to expedite implementation of such projects?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) to (c) The following Health projects are under implementation in Bihar with the assistance of World Bank.

i. National Leprosy Eradication Programme:—

The prevalence of Leprosy has reduced from 5.43/1000 in 1991 to 0.89/1000 population in 1996.

ii. National AIDS Control Programme:—

The implementation of this Programme has not been found satisfactory.

iii. Revised National Tuberculosis Programme being pilot tested in Vaishali District of Bihar:—

As against the average cure rate of below 40% , the cure rate in Vaishali District has been 66.6%.

An externally Funded Project Cell has been set up in the Ministry to monitor the effective implementation of these projects.

'AIDS Awareness Programme' in Andhra Pradesh

1123. SHRI YERRA NARAYANASWAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the status of the "AIDS Awareness Programme";

(b) whether any mass awareness programme has been initiated in Andhra Pradesh; and

(c) if so, details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) There being no proven medicine or vaccine against HIV/AIDS, the only alternative to tackle the spread of this infection is through creating mass awareness about it. Therefore, one of the important strategies of the national AIDS Control Programme is to create awareness amongst masses specially high risk behaviour groups about HIV/AIDS. This is done through all media of communication like Press, Radio, T.V., Field Publicity and inter-personal communication channels. Students in Colleges and Universities have been involved in the Programme through a scheme — 'University Talk AIDS' being implemented by the Deptt. of Youth Affairs. A prevention Indicators Survey conducted in five States during 1996 revealed that the awareness level in adult urban population ranged between 66% to 90% and in rural areas between 20% to 70%.

(b) and (c) The Government of Andhra Pradesh are implementing AIDS Awareness Programme using electronic media, print materials, outdoor publicity channels like hoarding, wall paintings, display boards, but panels, and inter-personal communication and councelling. A training programme for doctors and para-medical workers is being implemented. About 27 N.G.Os are supported by the State Government to undertake AIDS Awareness activities as also implement targetted intervention projects for the "high risk groups".

Failure on the Part of Government to Develop and Sustain a Medical System for Early Detection of Serious Disease

1124. SHRI YERRA NARAYANASWAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news item which appeared in The Statesman dated 12th February, 1997, captioned "Health sat up unable to ensure early detection";

(b) whether it is a fact that Government have been unable to develop and sustain a medical system for early detection of serious diseases;

(c) if so, what are the reasons for the failure; and

(d) what steps will be taken to improve the system to foster early detection of serious and life impairing diseases?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) Yes, Sir.

(b) to (d) During the successive Plan periods, the Government has initiated several national Health and Family Welfare Programmes for Primary prevention, early case detection and prompt treatment of diseases.

Training programmes for medical and para-medical personnel to improve their capabilities in the early detection of diseases are operational.